

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -

12.383

2. Fiscal Year Covered From:

11 / 11 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name EDWARD N THOMAS

P.O. Box, Bldg., Room No., if any

Street 1870 E 19th ST

City CLEVELAND

State Ohio ZIP Code + 4 44114

4. Name, file number, and address of labor organization.

Name BCTGM LU 19

Labor Organization File Number 022-303

P.O. Box, Building and Room Number, if any

Street 1870 E 19th ST

City CLEVELAND

State Ohio ZIP Code + 4 44114

5. Position in labor organization.

TREASURER

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

NONE

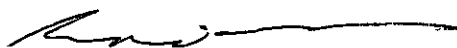
7.b. Amount.

0

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8/15/05

Date

216-771-5386

Telephone Number

Name of Person Filing

EDWARD N THOMAS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name George Faulkner EsqTrade Name, if any: Faulkner Muschitz & Phillips LLPP.O. Box, Bldg., Room No., if any 9th FloorStreet 820 W Superior AveCity ChicagoState IL ZIP Code + 4 60611-5

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

11.a. Nature of such dealing.

LABOR - Harney

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Holiday Gift

12.b. Amount.

\$55

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14.a. Nature of payment.

MONIE

14.b. Amount of payment.

\$013.b. Is the Business an Employer ☐or Consultant ☐

?

Name of Person Filing

EDUARD N THOMAS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name MEDICAL MUTUAL

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2060 E 9th St

City CLEVELAND

State OH ZIP Code + 4 44115

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Bakers/Teachers H/w Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1870 E 19th St

City CLEVELAND

State OH ZIP Code + 4 44114

11.a. Nature of such dealing.

Third Party Administrator  
And Insurance Company  
For Employee Benefit  
CLAIMS

11.b. Approximate dollar value of such dealing.

\$2,883,112

12.a. Nature of interest held or income received.

Attendance At Sporting  
Event For Discussions With  
Service Provider

12.b. Amount.

\$190

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

None

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

\$0

Name of Person Filing

EDWARD A THOMAS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name WATSON WYATT WILSON

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 1900

Street 1001 Lakeside Ave

City CLEVELAND

State OH ZIP Code + 4 44114

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CB &amp; T H&amp;W Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1870 E 19th St

City Clevel

State OH ZIP Code + 4 44114

11.a. Nature of such dealing.

CONSULTANT FOR HEALTH &amp; WELFARE FUND.

11.b. Approximate dollar value of such dealing.

107,143.00

12.a. Nature of interest held or income received.

ATTENDANCE AT SPORTING event for DISCUSSIONS with consultant.

12.b. Amount.

\$ 210.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

NONE

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$ 0

Name of Person Filing

EDWARD N THOMAS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name JOANNE MONTAGNER, FSSDC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3821 Prospect Ave

City Cleveland

State OH ZIP Code + 4 44115

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

WIFE WORKS FOR J.M. & ASSOC  
ACCOUNTING FIRM

11.b. Approximate dollar value of such dealing.

\$20,313

12.a. Nature of interest held or income received.

WIFE DOES NOT WORK ON  
OUR ACCOUNT DIRECTLY OR  
INDIRECTLY

12.b. Amount.

\$0

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

NONE

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

\$0

Name of Person Filing

EDWARD A THOMAS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: JOANNE MONTAGUER ASSOC.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street: 3821 Prospect Ave

City: CLEVELAND

State: Ohio ZIP Code + 4: 44115

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: Bakers Local 19 CERA FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street: 1870 E 19th St

City: CLEVELAND

State: Ohio ZIP Code + 4: 44114

11.a. Nature of such dealing.

WIFE WORKS FOR J.M. ASSOC.  
ACCOUNTING FIRM.

11.b. Approximate dollar value of such dealing.

\$ 6,373

12.a. Nature of interest held or income received.

WIFE DOES NOT WORK ON  
OUR ACCOUNT DIRECTLY OR  
INDIRECTLY

12.b. Amount.

\$ 0

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employee: any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State: ZIP Code + 4:

14.a. Nature of payment.

NONE

14.b. Amount of payment

\$ 0

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

Name of Person Filing

EDWARD N THOMAS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BAKERS LOCAL 19 CFC FundTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 1870 E 19th StCity CLEVEState OH ZIP Code + 4 44114

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name BAKERS LOCAL 19 CFC FundTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 1870 E 19th StCity CLEVEState OH ZIP Code + 4 44114

11.a. Nature of such dealing.

I AM Chairman, Trustee  
AND A PARTICIPANT OF  
THE TRUST HARTLEY FUND.

11.b. Approximate dollar value of such dealing. 

12.a. Nature of interest held or income received.

Dinner for staff at  
Trust sponsored event  
OUT OF TOWN.

12.b. Amount. \$39

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

14.a. Nature of payment.

NONE

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment

\$0

Name of Person Filing

EDWARD N THOMAS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Bakers/Transfers Pension FundTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 1870 E 19th StCity ClevelandState OH ZIP Code + 4 44114

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Bakers/Transfers Pension FundTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 1870 E 19th StCity ClevelandState OH ZIP Code + 4 44114

11.a. Nature of such dealing.

I am Co-Markman, Trustee  
and a participant of this  
Bakers/Transfers Fund.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

2005 Registration for  
The NLG

12.b. Amount.

\$ 795

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

14.a. Nature of payment.

None

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

\$ 0



Name of Person Filing

EDWARD N THOMAS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Bakers/Teamsters H&W Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1870 E 19th StCity ClevelandState OH ZIP Code + 4 44114

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Bakers/Teamsters H&W Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1870 E 19th StCity ClevelandState OH ZIP Code + 4 44114

11.a. Nature of such dealing.

I am Co-Chairman, Trustee  
AND A PART OF THIS  
TART HARTLEY Fund

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reimbursed Expenses while  
Attending an Educational Conf.  
out of town.

12.b. Amount.

\$844

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

NONE

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment

\$0

Name of Person Filing

EDWARD N THOMAS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BAKERS/TEAMSTERS PERSONAL FUND

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any: \_\_\_\_\_

Street 1870 E 19th StCity ClevelandState OH ZIP Code + 4 44114

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name BAKERS/TEAMSTERS PERSONAL FUND

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any: \_\_\_\_\_

Street 1870 E 19th StCity ClevelandState OH ZIP Code + 4 44114

11.a. Nature of such dealing.

I AM THE CO-CHAIRMAN, TRUSTEE  
AND A PARTICIPANT OF THIS  
TART HARTLEY FUND.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

XMAS Luncheon

12.b. Amount.

\$740.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code + 4: \_\_\_\_\_

14.a. Nature of payment.

NONE

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment

\$0

Name of Person Filing

EDWARD N THOMAS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BAKERS LOCAL 19 CBR FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1870 E 19th St

City CLEVELAND

State OH ZIP Code + 4 44114

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name BAKERS LOCAL 19 CBR FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1870 E 19th St

City CLEVELAND

State OH ZIP Code + 4 44114

11.a. Nature of such dealing.

I AM THE CHAIRMAN, TRUSTEE  
AND A PARTICIPANT OF THIS  
TAP HARTLEY FUND.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Post Holiday Luncheon  
DISCUSSION.

12.b. Amount.

\$96

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer: any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

NONE

14.b. Amount of payment.

\$0

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

Name of Person Filing

EDWARD N THOMAS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name DUN, CAHN & HUBER

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any 20th FLOORStreet 1301 E 9th STCity ClevelandState OH ZIP Code + 4 44114

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Baker's Transfers & Land

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street 1870 E 19th STCity ClevelandState OH ZIP Code + 4 44114

11.a. Nature of such dealing.

Co-counsel for Trust Funds

11.b. Approximate dollar value of such dealing.

8 69,776

12.a. Nature of interest held or income received.

Attendance at Sporting Event for Discussion with Co-Counsel

12.b. Amount.

\$341

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14.a. Nature of payment.

NONE

14.b. Amount of payment.

\$013.b. Is the Business an Employer ☐or Consultant ☐

?

Name of Person Filing

EDWARD N THOMAS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BAIRD ASSETSTrade Name, if any: P.O. Box, Bldg., Room No., if any Suite 2500Street 10 West Broad StCity ColumbusState Ohio ZIP Code + 4 43201

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Bakers/Teamsters Pension FundTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 1870 E 19th StCity ClevelandState OH ZIP Code + 4 44114

11.a. Nature of such dealing.

Investment Manager  
for the Pension Fund

11.b. Approximate dollar value of such dealing.

\$ 76,320

12.a. Nature of interest held or income received.

Attendance at dinner  
for discussion with  
Investment Manager.

12.b. Amount.

\$125

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

14.a. Nature of payment.

NONE13.b. Is the Business an Employer ☐or Consultant ☒

?

14.b. Amount of payment.

\$0